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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/505,619
	Filing Date	02/16/2000
	First Named Inventor	Katz, et al.
	Group Art Unit	3625
	Examiner Name	Kerr, Debra E.
Total Number of Pages in This Submission		Attorney Docket Number PAT-009B

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		RECEIVED OCT 02 2002 GROUP 3600
PTO2038 Statement under 37 CFR 3.73(b) Change of Correspondence Address		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Rocco L. Adornato
Signature	
Date	23 SEPT 02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: September 23, 2002			
Typed or printed name	Michele A. Zarinelli		
Signature		Date	09/23/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO SB/17 (10-01)
SEP 30 2002
PATENT & TRADEMARK

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 220.00

Complete if Known

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RECEIVED
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GROUP 3600

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
101 740	201 370	Utility filing fee			
106 330	206 165	Design filing fee			
107 510	207 255	Plant filing fee			
108 740	208 370	Reissue filing fee			
114 160	214 80	Provisional filing fee			
SUBTOTAL (1)			(\$)		

2. EXTRA CLAIM FEES

Total Claims - 20** = X =

Independent Claims - 3** = X =

Multiple Dependent =

Large Entity Fee Code (\$)		Small Entity Fee Code (\$)		Fee Description	
103 18	203 9	Claims in excess of 20			
102 84	202 42	Independent claims in excess of 3			
104 280	204 140	Multiple dependent claim, if not paid			
109 84	209 42	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)			(\$)		

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	110.00
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) <u>Terminal Disclaimer</u>			110.00
SUBTOTAL (3)			(\$) 220.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Rocco L. Adornato	Registration No. (Attorney/Agent)	40,480
Signature		Telephone	402-965-6470
		Date	09/23/2002

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